

PTO/SB/97 (08-00)

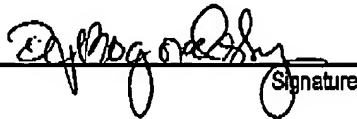
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DJ Bogorodsky

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In re: application of: George Anthony Dunn

Application Number: 10/649,580

Filed: August 26, 2003

Confirmation Number: 5971

Title: TECHNIQUES FOR DETECTING POLARITY REVERSALS OF A DISK DRIVE READ/WRITE HEAD

Atty Docket Number: 16869Q-084700US SJC/djb

Being faxed to Examiner - Daniell L. Negron Group 2651 at facsimile number 1-703-872-9306 are the
following documents:

This PTO/SB/97 Certificate of Transmission (1 page);

PTO/SB/21 Transmittal Form (1 page);

PTO/SB/22 Petition for Extension of Time (1 page submitted in duplicate); and

Amendment (8 pages);

Number of pages being transmitted: 12

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Missing 4 pages


fax ref. # 350x


Townsend and Townsend and Crew LLP
Telephone -- 650-326-2400
Facsimile -- 650-326-2422

PTO/SB/21 (09-04)

TRANSMITTAL FORM <small>(to be used for all correspondence after initial filing)</small>	Application Number	10/649,580	
	Filing Date	August 26, 2003	
	First Named Inventor	Dunn, George A.	
	Art Unit	2651	
	Examiner Name	Daniell L. Negron	
Total Number of Pages in This Submission	12	Attorney Docket Number	16868Q-084700US

ENCLOSURES <small>(Check all that apply)</small>		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply (8pgs) <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> PTO/SB/22 Petition for Extension of Time (1pg submitted in duplicate) <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.63	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): PTO/SB/97 Certificate of Transmission (1pg) this PTO/SB/21 Transmittal Form (1pg)
Remarks: The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Townsend and Townsend and Crew LLP		
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